ARIZONA CORPORATION COMMISSION <u>UTILITIES DIVISION</u>

ANNUAL REPORT MAILING LABEL - MAKE CHANGES AS NECESSARY



WS-02672A Cloud Nine Water Company Inc. 96 Bel Aire Pl., Ste 140 Sierra Vista, AZ 85635

ANNUAL REPORT

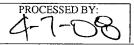
FOR YEAR ENDING

12 31 2007

FOR COMMISSION USE

ANN 04

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COMPANY INFORMATION

Company Name (Business Name) CLOUD NINE WATER COMPANY INC

,	Street)	AIRE PLACE, SVITE 140	_	
SIERRA	VISTA	AZ		5635
(City)		(State)		(Zip)
520-458 1	311	520-458 4532		-
Telephone No. (Include Area C	Code)	Fax No. (Include Area Code)	Cell No. (I	nclude Area Code)
Email Address	· · · · · · · · · · · · · · · · · · ·			and the second s
Local Office Mailing Add	dress as	, above		
· ·	(St	treet)		
(City)		(State)		(Zip)
				,
Local Office Telephone No. (Ir	nclude Area Code)	Fax No. (Include Area Code)	Cell No. (In	nclude Area Code)
Email Address				
		MITCHELL		Maringa
		MITCHELL	Office	MANALER
	ct: JEAN		Office	Manaue (
		MITCHELL	Office	
Management Contac	ct: JEAN	MITCHELL (Name)	Office (Title)
Management Contac	it: JEAN as above	MITCHELL (Name)	OFFICE (State)	Title)
Management Contac (Street) Telephone No. (Include Area	it: JEAN as above	(Name) (City) Fax No. (Include Area Code)	OFFICE (State)	Title) (Zip)
Management Contac (Street) Telephone No. (Include Area	as above Code)	(Name) (City) Fax No. (Include Area Code)	OFFICE (State)	Title) (Zip)
Management Contac (Street) Telephone No. (Include Area	as above Code)	MITCHELL (Name) (City) Fax No. (Include Area Code)	OFFICE (State)	Title) (Zip)
Management Contac (Street) Telephone No. (Include Area	ct: JEAN as above Code) TEAN Mo	(Name) (City) Fax No. (Include Area Code)	OFFICE (State)	Title) (Zip)
Management Contac (Street) Telephone No. (Include Area	as above Code)	MITCHELL (Name) (City) Fax No. (Include Area Code)	OFFICE (State)	Title) (Zip)
Management Contac (Street) Telephone No. (Include Area Email Address On Site Manager:	ct: JEAN as above Code) TEAN Mo	MITCHELL (Name) (City) Fax No. (Include Area Code)	(State) Cell No. (Inc.)	Title) (Zip) clude Area Code)
Management Contac (Street) Telephone No. (Include Area Email Address On Site Manager:	as above Code) TEAN Mo as above	MITCHELL (Name) (City) Fax No. (Include Area Code)	(State) Cell No. (Inc.)	Title) (Zip) clude Area Code)
Management Contact (Street) Telephone No. (Include Area Email Address On Site Manager: (Street)	as above Code) TEAN Mo as above	MITCHELL (Name) (City) Fax No. (Include Area Code) TCHELL (Name) (City)	(State) Cell No. (Inc.)	(Zip) Clude Area Code) (Zip)

Please mark this box if the above address(es) have changed or are updated since the last filing.

Statutory Agent: EUG	ENE C. CLESELER			
3040 E. SUNRISE DR		A2	85718	
(Street)	(City)	(State)	(Zip)	
520-792 1181	520-792 2859			
Telephone No. (Include Area Code)	Fax No. (Include Area Code	Cell No. (In	nclude Area Code)	
Attorney: EULENE C.				
1	(Name)			
(Street)	(City)	(State)	(Zip)	
	(//	(ciure)	(Eip)	
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Ir	aclude Area Code)	
Email Address				
Please mark this box if the above	address(es) have changed or a	re updated since th	e last filing.	
			· mar mmag.	
<u>U</u>	WNERSHIP INFORMAT	<u>ION</u>		
Check the following box that applies to	o your company:			
Sole Proprietor (S)	C Corporation	(C) (Other than As	sociation/Co-op)	
Partnership (P)	Subchapter S (Corporation (Z)		
Bankruptcy (B)	Association/Co	-op (A)		
Receivership (R)	Limited Liabili	ity Company		
Other (Describe)				
	COUNTIES SERVED			
Check the box below for the county/ies	in which you are certificated to	provide service:		
ДАРАСНЕ	⊠ cochise	☐ COCONI	NO	
☐ GILA	☐ GRAHAM ☐ GREENLEE			
☐ LA PAZ	☐ MARICOPA ☐ MOHAVE		E	
☐ NAVAJO	☐ PIMA	☐ PINAL		
☐ SANTA CRUZ	☐ YAVAPAI	☐ YUMA		
☐ STATEWIDE				

UTILITY PLANT IN SERVICE

Acct.		Original	Accumulated	O.C.L.D.
No.	DESCRIPTION	Cost (OC)	Depreciation (AD)	(OC less AD)
301	Organization	50,000	20,104	29,896
302	Franchises			
303	Land and Land Rights			
304	Structures and Improvements			
307	Wells and Springs	41,062	16,356	24,706
311	Pumping Equipment	117,799	41,627	76, 172
320	Water Treatment Equipment			
330	Distribution Reservoirs and Standpipes	5%,755	47,129	11,626
331	Transmission and Distribution Mains	23,805	19,103	4,702
333	Services			
334	Meters and Meter Installations	315	294	21
335	Hydrants			
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment	1,485	(,188	297
340	Office Furniture and Equipment			
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	TOTALS	293,221	145,801	147,420

This amount goes on the Balance Sheet Acct. No. 108-

CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1x2)
301	Organization	50,000	2.5%	1,250
302	Franchises			,
303	Land and Land Rights			
304	Structures and Improvements			
307	Wells and Springs	41,062	4.5%	1,830
311	Pumping Equipment	แา าจจ	24.5%	4405
320	Water Treatment Equipment			, , , , , , , , , , , , , , , , , , , ,
330	Distribution Reservoirs and Standpipes	58,755	5%	2,938
331	Transmission and Distribution Mains	23,805	5'/.	1,190
333	Services		•	
334	Meters and Meter Installations	315	_	_
335	Hydrants			
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment	1,485	5%	74
340	Office Furniture and Equipment			<u> </u>
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			-
	TOTALS	293,221		11,687

This amount goes on the Comparative Statement of Income and Expense _ Acct. No. 403.

BALANCE SHEET

Acct No.		BALANCE AT BEGINNING OF	BALANCE AT END OF
110.	ASSETS	YEAR	YEAR
	CURRENT AND ACCRUED ASSETS		
131	Cash	\$ 32	\$ 2,173
134	Working Funds		
135	Temporary Cash Investments		
141	Customer Accounts Receivable		
146	Notes/Receivables from Associated Companies		
151	Plant Material and Supplies		
162	Prepayments	,	
174	Miscellaneous Current and Accrued Assets		
	TOTAL CURRENT AND ACCRUED ASSETS		
		\$ 32	\$ 2,173
	FIXED ASSETS		
101	Utility Plant in Service	\$ 254.272	\$ 293,221
103	Property Held for Future Use		
105	Construction Work in Progress		
108	Accumulated Depreciation – Utility Plant	(34,114)	(145,801)
121	Non-Utility Property		
122	Accumulated Depreciation – Non Utility		
	TOTAL FIXED ASSETS	\$ 120,158	\$ 147,420
	TOTAL ASSETS	\$ 120,190	\$ 149,593

NOTE: The Assets on this page should be equal to Total Liabilities and Capital on the following page.

BALANCE SHEET (CONTINUED)

Acct. No.		BALANCE AT BEGINNING OF	BALANCE AT END OF
140.	LIABILITIES	YEAR	YEAR
	LIABILITIES		
	CURRENT LIABILITES		
231	Accounts Payable	\$	\$
232	Notes Payable (Current Portion)		
234	Notes/Accounts Payable to Associated Companies	67,936	42085
235	Customer Deposits	1, 3	, 5
236	Accrued Taxes	86	87
237	Accrued Interest		
241	Miscellaneous Current and Accrued Liabilities		
	TOTAL CURRENT LIABILITIES	\$ 68.022	\$ 42,172
	LONG-TERM DEBT (Over 12 Months)		
224	Long-Term Notes and Bonds	\$ -	\$ -
	DEFERRED CREDITS		
251	Unamortized Premium on Debt	\$	\$
252	Advances in Aid of Construction		
255	Accumulated Deferred Investment Tax Credits		
271	Contributions in Aid of Construction		
272	Less: Amortization of Contributions		
281	Accumulated Deferred Income Tax		*****
	TOTAL DEFERRED CREDITS	\$ -	\$ -
	TOTAL LIABILITIES	\$ 68,022	\$ 42,172
	CAPITAL ACCOUNTS		
201	Common Stock Issued	\$ 202,000	\$ 200,000
211	Paid in Capital in Excess of Par Value	3503	3,503
215	Retained Earnings	(151,335)	(96,082)
218	Proprietary Capital (Sole Props and Partnerships)	2.010	(0)/
	TOTAL CAPITAL	\$ 52,168	\$ 107,421
	TOTAL LIABILITIES AND CAPITAL	\$ 120,190	\$ 149,593

COMPARATIVE STATEMENT OF INCOME AND EXPENSE

Acct. No.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
461	Metered Water Revenue	\$ 13,537	\$ 14,855
460	Unmetered Water Revenue		
474	Other Water Revenues	1,175	(818
	TOTAL REVENUES	\$ 14,712	\$ 16,673
	OPERATING EXPENSES		
601	Salaries and Wages	\$	\$
610	Purchased Water		
615	Purchased Power	18,125	16'832
618	Chemicals		482
620	Repairs and Maintenance	1,755	2,898
621	Office Supplies and Expense	49	-
630	Outside Services	2,365	_
635	Water Testing	4,503	4,015
641	Rents		11 11 11 11 11 11 11 11 11 11 11 11 11
650	Transportation Expenses		
657	Insurance – General Liability	2,061	2,161
659	Insurance - Health and Life		
666	Regulatory Commission Expense – Rate Case		
675	Miscellaneous Expense	691	1,314
403	Depreciation Expense	10,461	11,687
408	Taxes Other Than Income		
408.11	Property Taxes	1,656	1,796
409	Income Tax		110
	TOTAL OPERATING EXPENSES	\$ 41,666	\$ 41,138
F100	OPERATING INCOME/(LOSS)	\$ (26,954)	\$ (24,515)
	OTHER INCOME/(EXPENSE)		
419	Interest and Dividend Income	\$	\$
421	Non-Utility Income		72,356
426	Miscellaneous Non-Utility Expenses		
427	Interest Expense		
	TOTAL OTHER INCOME/(EXPENSE)	\$ -	\$ 72,356
	NET INCOME/(LOSS)	\$ (26,954)	\$ 47,841

SUPPLEMENTAL FINANCIAL DATA Long-Term Debt

	LOAN #1	LOAN #2	LOAN #3	LOAN #4
Date Issued				
Source of Loan				
ACC Decision No.				
Reason for Loan				
Dollar Amount Issued	\$	\$	\$	\$
Amount Outstanding	\$	\$	\$	\$
Date of Maturity				
Interest Rate	9/	ó %	%	%
Current Year Interest	\$	\$	\$	\$
Current Year Principle	\$	\$	\$	\$

Meter Deposit Balance at Test Year End	\$ 	
Meter Deposits Refunded During the Test Year	\$ -	

COMPANY NAME	CLOUD NINE WATER COMPANY, INC.
Name of System:	ADEQ Public Water System Number:

WATER COMPANY PLANT DESCRIPTION

WELLS

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled
	30	Series II.		4"		
	цэ			4"		

^{*} Arizona Department of Water Resources Identification Number

OTHER WATER SOURCES

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)

BOOSTER PUR	BOOSTER PUMPS		DRANTS
Horsepower	Quantity	Quantity Standard	Quantity Other
S	1		
12	1		

STORAGE TA	NKS	PRESSU	RE TANKS
Capacity	Quantity	Capacity	Quantity
300,000 1		5,000	2
t.a.			

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME	CLOUD NINE WATER COMPANY, INC
Name of System:	ADEQ Public Water System Number:

WATER COMPANY PLANT DESCRIPTION (CONTINUED)

Size (in inches)	Material	Length (in feet)
2	4"	400
3		500
4		
5		
6		
8		
10		
12		
	10000	

Size (in inches)	Quantity
5/8 X ³ / ₄	44
3/4	
1	
1 1/2	2
2	l
Comp. 3	
Turbo 3	
Comp. 4	

Tubo 4
Comp. 6
Tubo 6

CUSTOMER METERS

TREATMENT EQUIPMENT:

BOOSTER PUMPS - 1 x SHP, 1 x 15 HP

STURAGE TANKS - 1 x 300,000 GALS

PRESSURE TANKS - 2 x 5,000 GALS

ANTO CHLORIMATOR.

STRUCTURES:

OTHER:

For the following three items, list the utility owned assets in each category for each system.

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME:	CLOUD NINE WATER COMPANY, INC.	
Name of System:	ADEQ Public Water System Number:	

WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2007

MONTH/YEAR	NUMBER OF CUSTOMERS	GALLONS SOLD	GALLONS PUMPED	GALLONS PURCHASED
		(Thousands)	(Thousands)	(Thousands)
JANUARY			326,700	
FEBRUARY			595,400	
MARCH		, , , , , , , , , , , , , , , , , , , ,	773,000	
APRIL			849,200	
MAY			441,500	
JUNE			894,700	
JULY		770	1,314,400	
AUGUST		- The state of the	709.500	
SEPTEMBER			798,600	
OCTOBER			541,500	
NOVEMBER		-	479,200	
DECEMBER			590,900	
	$TOTALS \rightarrow $		8,314,600	

What is the level of arsenic for each well on your system? mg/l (If more than one well, please list each separately.)
If system has fire hydrants, what is the fire flow requirement?GPM forhrs
If system has chlorination treatment, does this treatment system chlorinate continuously? (**X*) Yes (**) No
Is the Water Utility located in an ADWR Active Management Area (AMA)? (x) Yes () No
Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement? () Yes (X) No
If yes, provide the GPCPD amount:

Note: If you are filing for more than one system, please provide separate data sheets for each system.

COMPANY NAME CLOUD MINE WATER COMPANY, INC.	YEAR ENDING 12/31/2007
PROPERTY TAXES	
Amount of actual property taxes paid during Calendar Year 2007 was: \$_\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	96.
Attach to this annual report proof (e.g. property tax bills stamped "paid in full" property tax payments) of any and all property taxes paid during the calendar y	or copies of cancelled checks for ear.
If no property taxes paid, explain why. NA	

VERIFICATION AND SWORN STATEMENT Taxes

PECHVED

APR 0 1 7008

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7 12		ь в, в	1 //	٦.		.,		ı

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

	THE ELECTION OF THE PROPERTY O
COUNTY OF (COUNTY NAME)	Suector utilities
NAME (OWNER OR OFFICIAL) TITLE NICHOLAS T. NOUASIC,	PRESIDENT
COMPANY NAME	
CLOUD NINE WATER COMPANY	4, INC.

DO SAY THAT THIS ANNUAL UTILITY PROPERTY TAX AND SALES TAX REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2007

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

I HEREBY ATTEST THAT ALL PROPERTY TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

I HEREBY ATTEST THAT ALL SALES TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

	Much / Marasie	1000
<u></u>	520-458 1311	
SUBSCRIBED AND SWORN TO BEFORE ME	TELEPHONE NUMBER	
A NOTARY PUBLIC IN AND FOR THE COUNTY OF	COUNTY NAME	
THIS LITE DAY OF	Cochise	, 1
Section 1	MONTH APRIL ,2008	
OFFICIAL SEAL (SEAO)S JEAN MITCHELL NOTARY PUBLIC - STATE OF ARIZONA COCHISE COUNTY My Comm Expires November 30, 2009 MY COMMISSION EXPIRES	Lois Jean Mitchell SIGNATURE OF NOTARY PUBLIC	

NICHOLAS J. NOVASIC

PRINTED NAME

INCOME TAXES				
For this reporting period, provide the following:				
Federal Taxable Income Reported Estimated or Actual Federal Tax Liability	13,283			
State Taxable Income Reported Estimated or Actual State Tax Liability	13,283			
Amount of Grossed-Up Contributions/Advances:				
Amount of Contributions/Advances Amount of Gross-Up Tax Collected Total Grossed-Up Contributions/Advances				
of the tax year when tax returns are completed. Pu any Payer or if any gross-up tax refunds have alrea	will refund any excess gross-up funds collected at the close arsuant to this Decision, if gross-up tax refunds are due to ady been made, attach the following information by Payer ount of gross-up tax collected, the amount of refund due to or has made the refund to the Payer.			
CERTIFICATION				
prior year's annual report. This certification is to be	refunded to Payers all gross-up tax refunds reported in the per signed by the President or Chief Executive Officer, if a partnership; the managing member, if a limited liability hip.			
Much / Morasco / SIGNATURE	<u>4/4/08</u> DATE			

PRESIDENT

TITLE

VERIFICATION AND SWORN STATEMENT

rector : milities

Intrastate Revenues Only

VERIFICATION

STATE OF A 412 ONA

I. THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME) COCHISE

NAME (OWNER OR OFFICIAL) TITLE

NICHOLAS J. NOVASIC, PRESIDENT COMPANY NAME

CLOUD NINE WATER COMPANY, INC.

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH 12 31 2007

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS DURING CALENDAR YEAR 2007 WAS:

> Arizona Intrastate Gross Operating Revenues Only (\$) \$ 17,764

(THE AMOUNT IN BOX ABOVE INCLUDES \$ 1,091 IN SALES TAXES BILLED, OR COLLECTED)

**REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

DAY OF OFFICIAL SEAL LOIS JEAN MITCHELL NOTARY PUBLIC - STATE OF ARIZONA COCHISE COUNTY My Comm. Expires November 30, 2009 MY COMMISSION EXPIRES

NOV

MONTH

COUNTY NAME

x 17.13.

ATURE OF OWNER OR OFFIC

520-458 1311 TELEPHONE NUMBER

conse

VERIFICATION AND SWORN STATEMENT RESIDENTIAL REVENUE

Intrastate Revenues Only

RECEIVED

APR 0 7 2008

VERIFICATION

AZ CORP COMM

STATE	OF	ARIZONA	

COUNTY OF (COUNTY NAME)

COCHISE

NAME (OWNER OR OFFICIAL)

NICHOLAS J. NOVASIC

COMPANY NAME

I, THE UNDERSIGNED

OF THE

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

THE AMOUNT IN BOY AT LEFT

FOR THE YEAR ENDING

MONTH DAY YEAR 12 31 2007

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

CLOUD NINE HATER COMPANY, INC.

SWORN STATEMENT

A DATE ONLY AND THE ACT AND COLORS OF THE ACT AND ADDRESS OF THE ACT AD

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM <u>ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2007 WAS:</u>

\$	INCLUDES \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
*RESIDENTIAL REVENUE REPORTED ON THIS MUST INCLUDE SALES TAXES BILLED.	PAGE Muli J. Morano SIGNATURE OF OWNER OR OFFICIAL S20-458 1311	
	TELEPHONE NUMBER	
SUBSCRIBED AND SWORN TO BEFOR	REME NOTARY PUBLIC NAME LUIS Jean Mitchell	
A NOTARY PUBLIC IN AND FOR THE	Cochise	
THIS 4th DA	YOF MONTH APRIL ,2008	
(SEAL) OFFICIAL SEAL LOIS JEAN MITCHE NOTARY PUBLIC - STATE OF A COCHISE COUNTY My Comm. Exorres November of	ELL ARIZONA	

17